

If the movement to work out an amicable settlement should fail and the deadline of June 30, 1949, set by the Industrial Accident Commission should arrive, the prognosis is for complete chaos and, undoubtedly, a further effort at chiseling and fee-

shopping by some insurance carriers. Members of the Association will be kept advised of all developments in this field and advised of any official decisions by the governing bodies of the Association. Right now, our fingers are crossed.



## *Letters to the Editor . . .*

### **Let's Look at the Health Map**

During the first decade of this century the doctors looked at the medical schools. The result of this long look was not only a Council on Medical Education and Hospitals and a survey of medical schools but a decline from 162, an all-time high, to 62, an all-time low in 1930, of four-year medical schools. Thus was eliminated a large number of schools of poor standards, inadequate training, and precarious financing.

On April 2 the Commonwealth Fund released the published report on "The Study of Child Health Services and Pediatric Education." This volume of 270 pages is the compiled work of practically every physician and dentist in the United States. The numerous maps, graphs, and charts depict graphically the status of health services and pediatric education in this country. It represents a herculean piece of work, and many people have said and are saying, "Another survey to be shelved." However, this need not be the case; instead it is and should be another evidence of doctors looking at themselves and the gaps in their work at a time when medicine is progressing at a rapid pace and when the entire world is looking to American medicine as the answer to its own problems. This study well might denote the half-way mark of the century, the first decade of which represents American doctors' first critical look at their system, and it can be the basis upon which doctors now chart the course to be taken in order to extend to all our people the benefits of modern health practice in the best American fashion.

The original promoters of the move in the Academy of Pediatrics to study the child health services in the United States premised this need with four main factors as the reason why children do not receive the desirable preventive and curative care compatible with present standards of pediatric practice. These were: (1) The parents are unable to pay for such services. (2) There is an unwillingness to use, or lack of knowledge of, the available facilities. (3) Services are not available wherever children live. (4) There are not enough physicians well trained in the medical care and supervision of children in all areas.

The study provides the graphic answers to these posed problems. There is a definite correlation between income and services, there is a mal-distribu-

tion of both facilities and personnel. There are discrepancies in training and the work required of physicians when they enter practice. There are also many somewhat surprising revelations in the study. Thus the supposedly vanishing general practitioners constitute two-thirds of the physicians practicing in the United States. The study reveals that the family physician carries three-fourths of the total burden of child care and one-third of his practice is devoted to children. Medical education is not oriented to train these physicians so that they are equipped to meet the type of practice that the community imposes upon them. Of the physicians graduating from medical schools almost half of the general practitioners have had little hospital training in pediatrics before entering practice. Thirty-five per cent have had one month or more hospital training in pediatrics, 33 per cent have had less than one year hospital training of any kind, and 32 per cent have less than one month's hospital training in pediatrics.

Another surprising revelation (and it should allay some of the fears of antagonists) is the extremely small volume of medical care provided by community health centers and clinics as compared with the great volume carried by private physicians and especially the general practitioner. Furthermore, although government public health clinics and conferences should fill the economic gaps in the health program, they in general follow the same pattern of aggregation in heavily populated areas as do the rest of medical services.

Official comments and plans are not yet ready for release. Dinner addresses at the time of the release of the report and discussions at preceding meetings, however, pointed to two things of interest. One of these especially emphasized by the President of the A.M.A., Dr. Roscoe Sensenich, was the importance of action at the local level, the formation of community health councils or committees to acquaint themselves and their neighbors with available facilities and resources and the inadequacies. Such stimulation need not wait for either over-all recommendations or financial support; it requires only local interest.

Part of the problem of good medical practice is that of rapid dissemination of newer knowledge to all areas. This phase was emphasized particularly in discussions on continued education, and at these meetings was stressed the necessity for maintaining

fluidity, freedom for communities and areas to experiment, to try out various methods of approach as opposed to regimentation or adoption of frozen patterns. (Is not the real secret of American medical progress the more or less automatic avoidance of stagnation that is furnished by our fluid system of practice? Arrested development may occur not only in isolated areas far from medical centers but in isolated situations in large cities such as full-time work in health centers, or even among professors in their ivory towers devoting all their time to guinea pigs and gargoyles, unaware of more vital problems around them.)

Both of these ultimate aims point to the desirability of physicians and dentists in the United States

looking at the map and starting to chart a course to equalize the benefits of training and practice in our country.

The book is called "Child Health Services and Pediatric Education." It is published by the Commonwealth Fund in New York and should be available through that foundation or through local medical book stores.

Each state is also analyzing the local material, publishing the findings and making recommendations. Some of these state reports have been completed, others are in the making.

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